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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)                                                                                                      |                                                                                                                                                                                                                                                                                 | Docket Number (Optional)<br>295002005901                                                                                     |                         |
| Application Number 10/647,088                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                 | Filed August 21, 2003                                                                                                        |                         |
| For MULTIPLE DOMAIN GLYCOPROTEIN HORMONES AND METHODS OF USING                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                 |                                                                                                                              |                         |
| Art Unit 1647                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                 | Examiner L. Spector                                                                                                          |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |                                                                                                                                                                                                                                                                                 |                                                                                                                              |                         |
|                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                 | <u>Fee</u>                                                                                                                   | <u>Small Entity Fee</u> |
| <input type="checkbox"/>                                                                                                                                                                                                                                  | One month (37 CFR 1.17(a)(1))                                                                                                                                                                                                                                                   | \$120                                                                                                                        | \$60                    |
| <input type="checkbox"/>                                                                                                                                                                                                                                  | Two months (37 CFR 1.17(a)(2))                                                                                                                                                                                                                                                  | \$450                                                                                                                        | \$225                   |
| <input type="checkbox"/>                                                                                                                                                                                                                                  | Three months (37 CFR 1.17(a)(3))                                                                                                                                                                                                                                                | \$1020                                                                                                                       | \$510                   |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                       | Four months (37 CFR 1.17(a)(4))                                                                                                                                                                                                                                                 | \$1590                                                                                                                       | \$795                   |
| <input type="checkbox"/>                                                                                                                                                                                                                                  | Five months (37 CFR 1.17(a)(5))                                                                                                                                                                                                                                                 | \$2160                                                                                                                       | \$1080                  |
| <input type="checkbox"/>                                                                                                                                                                                                                                  | Applicant claims small entity status. See 37 CFR 1.27.                                                                                                                                                                                                                          |                                                                                                                              |                         |
| <input type="checkbox"/>                                                                                                                                                                                                                                  | A check in the amount of the fee is enclosed.                                                                                                                                                                                                                                   |                                                                                                                              |                         |
| <input type="checkbox"/>                                                                                                                                                                                                                                  | Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                                                                                              |                                                                                                                              |                         |
| <input type="checkbox"/>                                                                                                                                                                                                                                  | The Director has already been authorized to charge fees in this application to a Deposit Account.                                                                                                                                                                               |                                                                                                                              |                         |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                       | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> . I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate. |                                                                                                                              |                         |
| I am the                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                        | applicant/inventor.                                                                                                          |                         |
|                                                                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                                                                        | assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). |                         |
|                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                             | attorney or agent of record. Registration Number <u>29,959</u>                                                               |                         |
|                                                                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                                                                        | attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____                                |                         |
| <u>Kate H. Murashige</u>                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                 | <u>October 27, 2006</u>                                                                                                      |                         |
| Signature                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                 | Date                                                                                                                         |                         |
| <u>Kate H. Murashige</u>                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                 | <u>(858) 720-5112</u>                                                                                                        |                         |
| Typed or printed name                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                 | Telephone Number                                                                                                             |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.                                                     |                                                                                                                                                                                                                                                                                 |                                                                                                                              |                         |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                       | Total of <u>1</u> forms are submitted.                                                                                                                                                                                                                                          |                                                                                                                              |                         |

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